

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):   TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
<b>LETTERS OF GUARDIANSHIP (JUVENILE)</b>	
CASE NUMBER:	

STATE OF CALIFORNIA, COUNTY OF

1. (*Name*):

is appointed guardian of the person of (*child's name and date of birth*):

2. Other powers (*specify*):

Date:

Clerk, by \_\_\_\_\_, Deputy

(SEAL)

3. AFFIRMATION

**I solemnly affirm** that I will perform the duties of guardian according to law.

Executed on (*date*):at (*place*): \_\_\_\_\_, California.

(SIGNATURE OF APPOINTEE)

4. CERTIFICATION

I certify that this document is a correct copy of the original on file in my office and the letters issued the guardian appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

Date:

Clerk, by \_\_\_\_\_, Deputy

(SEAL)

**NOTICE**

Any petition to terminate or modify guardianship or to change a child's residency to out-of-state must be filed in the juvenile court named above.

**Use important information on page 2.**

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CHILD'S NAME:  	CASE NUMBERS:  
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**IMPORTANT NOTICE  
TO GUARDIAN OF CHILD**

**This document, known as letters of guardianship, is evidence of your appointment as guardian of the child. The letters of guardianship are in effect until the guardianship is ended by order of the court, by the emancipation of the child, by the child's turning 18 years of age, or by the adoption of the child by you or another person. In order to verify the appointment to school personnel, medical personnel, and others, you will need to present a certified copy of this form. Be sure to keep this document in a safe place. If you misplace the document, you must request a new, certified copy at the office of the juvenile court clerk. You may be charged a fee for the certified copy.**